

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845

**Cancellation Of A
Statement of Qualification
of a
Domestic Limited Liability Partnership**

FILING FEE: \$10

The undersigned Limited Liability hereby cancels its statement of qualification under SDCL 48-7A.

1. The name of the Limited Liability Partnership is:

2. The date of filing the statement of qualification: _____

3. The reason for filing the statement of cancellation.

I declare under penalty of perjury that the contents of the above statement are accurate.

Dated _____

(Partner Signature)

(Partner Signature)

A statement must be executed by at least two partners.

Please submit one original for filing and one copy to receive date stamped acknowledgement of filing.